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Designation of Treasurer

Prescribed by Secretary of State 5/05

All Committees			
Full Name of Committee BEATTY FOR JUDGE			
Street Address 65 E. State Street, Suite 1800		Telephone Number 614-462-5418	E-Mail Address jporter@keglerbrown.com
City Columbus	State OH	Zip Code 43215	FAX Number 614-464-2634
Full Name of Treasurer Jeffrey D. Porter			
Street Address 65 E. State Street, Suite 1800		Telephone Number 614-462-5418	E-Mail Address jporter@keglerbrown.com
City Columbus	State OH	Zip Code 43215	FAX Number 614-464-2634
Full Name of Deputy Treasurer (if any) Diane Lazor			
Street Address 65 E. State St., Suite 1800		Telephone Number 614-462-5400 x246	E-Mail Address dlazor@keglerbrown.com
City Columbus	State OH	Zip Code 43215	FAX Number 614-464-2634
Candidate's Campaign Committees Only			
Full Name of Candidate Laurel A Beatty		Party Affiliation/Independent/Non-Partisan Democratic	
Street Address 268 E. Gates St.		Subdivision/District Franklin County	
City Columbus	State OH	Zip Code 43206	Election Year 2010
Signature of Candidate <i>Laurel Beatty</i>		Date 10.5.09	
Political Action Committees Only			
Is the PAC sponsored by a labor organization or corporation? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, name the sponsor		Acronym, if any
PAC Registration Number	Authorized Signature	Date	List any affiliated PACs
Political Parties, Political Contributing Entities, Or Legislative Campaign Funds Only			
Authorized Signature		Date	Ballot Issue PAC? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Jeffrey D. Porter
Signature of Treasurer

10-5-09
Date

Reason(s) for filing this form

- ☐ Original Designation of Treasurer/Acknowledgement of Appointment
☒ Designation of new Treasurer/Acknowledgement of Appointment
☒ Designation or change of Deputy Treasurer
☐ Change of Address for _____
☐ Change of Committee name The previous name was _____
☐ Change of filing location The previous location was _____
The new location is _____
☐ Change of office sought from _____ to _____
☐ Other Please explain: _____

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CLERK OF ELECTIONS

RECEIVED
SECRETARY OF STATE
ELECTIONS DIVISION
2010 JAN 21 PM 1:21

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee BEATTY FOR JUDGE						Registration Number, if PAC	
Full Name of Candidate Laurel A. Beatty							
Street Address 268 E. Gates St.				Office Sought Common Pleas Judge		District Franklin Co.	
City Columbus				State O H		Zip Code 43206	
Type of Report (place X in the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General
	July		August		September		Annual Year
	Monthly		Monthly		Monthly		Semiannual
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		M	D Y

For candidates only, during an election year if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required at a post-primary or post-general period, if above statement applies See R.C. 3517.10(H) for details

1. Amount brought forward from last report	\$ 0.00
2. Total monetary contributions (From Form No. 31-A)	\$
3. Total other income (From Form No. 31-A-2)	\$ 700.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 700.00
5. Total monetary expenditures (From Form No. 31-B)	\$ 681.25
6. Balance on hand (line 4 minus line 5)	\$ 18.75
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 700.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
11. Outstanding loans owed to committee (From Form No. 31-E)	\$
12. Value of independent expenditures made (From Form No. 31-L)	\$
13. For Electronic Filing Entries only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

FILED
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ELECTIONS

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

JEFFREY D. PORTER, TREASURER
Print Name and Title (Treasurer and Deputy Treasurer only)

Jeffrey D. Porter
Signature

1-09-10
Date

Contribution
pages **1**

Expenditure
pages **1**

Other
pages **2**

Total
pages **4**

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full BEATTY FOR JUDGE							
Full Name Laurel A. Beatty				Registration Number, if PAC			
Address 268 E. Gates St.		Type* L N		M 1	D 0	Y 0	Amount 500.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) check			
Full Name Laurel A. Beatty				Registration Number, if PAC			
Address 268 E. Gates St.		Type* L N		M 1	D 0	Y 2	Amount 100.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) check			
Full Name Laurel A. Beatty				Registration Number, if PAC			
Address 268 E. Gates St.		Type* L N		M 1	D 1	Y 3	Amount 100.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) check			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received, RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made

Page Total \$ 700.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full BEATTY FOR JUDGE								
To Whom Paid Annie Marsico					M	D	Y	Amount
					1	0	2	146.25
Address 2268 Waters Edge Blvd.		Purpose Reimbursement for palm cards						
City Columbus	State O	H	Zip Code 43209	Check Number 92				
To Whom Paid Blue Utopia Technology					M	D	Y	Amount
					1	0	2	400.00
Address PO Box 4486		Purpose Technology Setup Fee						
City Seattle	State W	A	Zip Code 98194	Check Number electronic				
To Whom Paid Blue Utopia					M	D	Y	Amount
					1	0	3	45.00
Address PO Box 4486		Purpose November 2009 monthly fee						
City Seattle	State W	A	Zip Code 98194	Check Number electronic				
To Whom Paid Blue Utopia					M	D	Y	Amount
					1	2	0	45.00
Address PO Box 4486		Purpose December 2009 monthly fee						
City Seattle	State W	A	Zip Code 98194	Check Number electronic				
To Whom Paid Blue Utopia					M	D	Y	Amount
					1	2	3	45.00
Address PO Box 4486		Purpose January 2010 monthly fee						
City Seattle	State W	A	Zip Code 98194	Check Number electronic				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State		Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State		Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State		Zip Code	Check Number				

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee BEATTY FOR JUDGE												
From Whom Received Laurel Beatty								Prior Amount		Amt Incurred this Period		
Address 268 E Gates St.										Outstanding Balance 500.00		
City Columbus		State O H		Zip Code 43206		Loans Received This Period Date Amount			Payments This Period Date Amount			
Date loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
1 0 0 6 0 9								500				
Registration Number, if PAC								M	D	Y		
Employer/Occupation/Labor Organization*								M	D	Y		
From Whom Received Laurel Beatty								Prior Amount		Amt Incurred this Period		
Address 268 E. Gates St.										Outstanding Balance 100.00		
City Columbus		State O H		Zip Code 43206		Loans Received This Period Date Amount			Payments This Period Date Amount			
Date loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
1 0 2 2 0 9								100				
Registration Number, if PAC								M	D	Y		
Employer/Occupation/Labor Organization*								M	D	Y		
From Whom Received Laurel Beatty								Prior Amount		Amt Incurred this Period		
Address 268 E Gates St.										Outstanding Balance 100.00		
City Columbus		State O H		Zip Code 43206		Loans Received This Period Date Amount			Payments This Period Date Amount			
Date loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
1 1 3 0 0 9								100				
Registration Number, if PAC								M	D	Y		
Employer/Occupation/Labor Organization*								M	D	Y		

* Required for contributions over \$100 to statewide and general assembly candidates If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed If two or more employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear R C 3517 10(B)(4)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space Transfer total of all loans received this period to the Statement of Other Income (Form No 31-A-2) Transfer total of all payments made in this period to the Statement of Expenditures (Form No 31-B) Transfer Total Outstanding Balance to the cover page (Form No 30-A)

- Total prior amount \$ 0.00
- Total received this period \$ 700.00 (To Form No 31-A-2)
- Total Payments this Period \$ 0.00 (also record on Form 31-B)
- Total Outstanding Balance \$ 700.00 (To Form No 30-A)